## **APPLICATION FOR SUMMER CAMP**

\*For Summer Camp requirements, applicants may refer to Rules Governing the Sanitation of Summer Camps NCAC 18A.1000

L.	Name of Camp:					
2.	Name of camp owner/responsible person:					
3.	Address of camp:					
ŀ.	Planned dates of ope	eration:				
· .	Capacity of camp:	# of campers	# of staff			
5.	Water supply:	/ater supply:Sewage disposal				
<b>.</b>	Food Service area:	Kitchen provided		Yes	No	
		Will kitchen be used out for otl If yes, please describe				
		Will camp enroll in NC Summer				
3.	Describe equipment used to maintain hot and cold food temperatures:					
).	Describe the methods for cleaning and sanitizing equipment:					
.0.	Pest control operator	r:				
1.	Describe disposal of solid and liquid waste:					
		des cookouts or other camping				
				Yes _	No	
3.	Copy of camp site pla	an provided:		Yes	No	
14.	Summer camp has other permit issued by the Health Department of Division of Facility Services:					
				Yes _	No	
	I hereby certify that this information in this application is correct, and I understand that any deviatio without prior approval from the Health Regulatory Office may nullify plan approval.					
	Signature of Responsible Person:					
	oignature or nesp	Jonainie Ferauli.				
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